



PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Re Application of)	
)	
Samir KHAZAKA)	For: METHOD AND APPARATUS FOR
)	EMULATING A MOBILE DEVICE
)	
Serial No. 10/080,952)	
)	
Filed: February 21, 2002)	Group No. 2173

AMENDMENT

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated May 16, 2005, please amend the above-identified application as follows:

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☒ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Depositor's Name: Tami M. Procopio
 (type or print name)

Date:

FACSIMILE

☐ transmitted by facsimile to the Patent and Trademark Office.

Depositor's Name: _____
 (type or print name)

Signature: Tami M Procopio

AMENDMENT TRANSMITTAL FORM

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450



Customer No.: 23696
Attorney Docket No.: 010301
In Re Application of: Samir KHAZAKA
Serial Number: 10/080,952
Filed: February 21, 2002
Examiner: Brian J. Detwiler
Group Art Unit: 2173

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.

CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entity Fee	Fee Paid
Total*	56	59	0	x \$50 =	\$
Independent**	4	4	0	x \$86 =	\$
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				\$290	\$
EXTENSION FEES			<input type="checkbox"/> One Month	\$110	\$
			<input type="checkbox"/> Two Months	\$420	\$
			<input type="checkbox"/> Three Months	\$950	\$
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$

*If the number in column a is less than 20, enter 0 in column c.

**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☐ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$_____.
- The Commissioner is hereby authorized to charge payment of any additional fees which may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: August 16, 2005

Signature: _____

Christopher S. Chow
Reg. No. 46,493
(858) 845-3249

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

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Depositor's Name: _____

(type or print name)

Signature: _____

Tami M Procopio